FEDERAL COMMUNICATIONS COMMISSION

FCC 395 COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]											Approved by OMB 3060-0076 Est. time per response: 1 hour						
SECTION 1 - General	Informat	ion															
1 Name and Mailing Address of Respondent: Tennessee Telephone Company 525 Junction Rd Madison, WI 53717 FRN: 0001773779												Check here if this is a change of address					
2. Year Report Filed					g Date of Pa	y Period Co	overed by f	Report)	4 Numb	er of Full-T	ime Employ	ees during	Selected R	Reporting Per	riod (check	one)	
2017		Já	anuary 2017						a. x F b. 1	-ewer than 16 or more	16 (complet (complete a	ll sections)	1, IV, and	v only)			
SECTION II - Full Tim	ne Emplo	yees.															
			Number of Employees (Report employees in only one category)														
Job Categories			Race/Ethnicity														
		Hispa	Hispanic or Not-Hispanic or Latino														
		La	tino	Male								Fer					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
		Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	
Executive/Senior Level Off and Managers	icials 1.1															0	
First/Mid-Level Officials an Managers	d 1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	. 11															0	

SECTION III - Part Time	Employee	es.														
Job Categories		Number of Employees (Report employees in only one category)														
								Race/Ethr	<u> </u>							
	Hispanic or		Not-Hispanic or Latino													
	La	atino	Male Female													
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
	A	В	С	D	E	F	G	Н	1	J	К	L	M	N	0	
Executive/Senior Level Officials and Managers 1.1															0	
First/Mid-Level Officials and Managers 1.2															0	
Professionals 2															0	
Technicians 3															0	
Sales Workers 4															0	
Administrative Support Workers 5															0	
Craft Workers 6															0	
Operatives 7													-		0	
Laborers and Helpers 8															0	
Service Workers 9															0	
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL11															0	
SECTION IV - Report of	f Discrimin	ation Com	plaints Pu	rsuant to 47	CFR 22.32	1, 23.55, 90).168, 101.4	, and 101,	,311			1	k			
X This is to advise this company before This is to advise to company (Attach disposition	ore any bo he Commi	dy having o	ompetent he followi	jurisdiction ng complai	n in such m nts alleging	atters durii violations	of the cale	ndar year visions of	covered bany equal	y this repo	ort ent opportu	nity statu	te have beer	n filed agair	nst this	
SECTION V - Certificati																
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct Date Typed or Printed Name of Person Signing Signature Telephone No																
5/15/17	Kevin	Hess				Kee	rent	en	2	(608)-664-4160						
Title of Person Signing Executive Vice P	residen	t			R REVOCA										BUSC 1001) RFEITURE (47	
				15000	/										FCC 395	